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CONFIRMATION NO. 2369

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/684,593	<b>FILING OR 371(c) DATE</b> 10/05/2000 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2663	<b>ATTORNEY DOCKET NO.</b> A-69747/DCA/SMF
<b>APPLICANTS</b> Emily L. Hipp, Oakland, CA; Burton A. Hipp, Elk Grove, CA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/157,729 10/05/1999 and claims benefit of 60/157,728 10/05/1999 and claims benefit of 60/157,833 10/05/1999 and claims benefit of 60/157,727 10/05/1999 and claims benefit of 60/157,834 10/05/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 12/05/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 32
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> B. Noel Kivlin Myerestons, Hood, Kivlin, Kowert & Goetzel, P.C. P.O. Box 398 Austin ,TX 78767-0398				
<b>TITLE</b> Virtual endpoint				
<b>FILING FEE RECEIVED</b> 807	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	